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GRAYCARY. TECHNOLOGY'S LEGAL EDGESM401 B Street, Suite 1700
San Diego, CA 92101-4297
www.graycary.comOJ 619-699-2700
FJ 619-699-3452

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket No. SPROQ1100-2		C/M # 2102121-165139	
First Inventor or Application Identifier: P. Mansour et al.			
Title: Platform-Independent Distributed User Interface Server Architecture			
Express Mail Label No.: EL233951622US			
Application Elements (See MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, & duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>68</u>] (preferred arrangement set forth below)</p> <ul style="list-style-type: none">• Descriptive title of the invention• Cross References to Related Applications• Statement Regarding Fed sponsored R&D• Background of the Invention• Brief Summary of the Invention• Brief Description of the Drawings (if filed)• Detailed Description• Claim(s)• Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>21</u>]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>]</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>i. <input type="checkbox"/> Deletion of Inventor(s) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment (____ pgs.)</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Express Mail Certification</p> <p>17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PCT/SB/35 or its equivalent</p> <p>18. <input checked="" type="checkbox"/> OTHER: Check # <u>408/22</u> (\$ 710.00)</p>	
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: ____/____</p> <p>Prior application information: Examiner: _____ Group/Art Unit: _____</p>			
<p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label</p> <p>OR</p> <p><input type="checkbox"/> Correspondence Address Below</p> <div style="text-align: center;"> 25548 PATENT TRADEMARK OFFICE</div>			
NAME		ATTN: Terrance A. Meador GRAY CARY WARE & FREIDENRICH	
ADDRESS		401 B Street, Suite 1700 San Diego, California 92101 USA	
Telephone: 619/699-2652		General Fax No.: 619-236-1048	
		Patent Group Fax No.: 619/699-3452	
Name (print/type) Mark M. Takahashi		Registration No.: 38,631 (Attorney/Agent)	
Signature		Date FEBRUARY 14, 2001	

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San Diego, CA 92101-4297
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FEE TRANSMITTAL

Attorney Docket No.	SPROQ1100-2
First Named Inventor:	P. Mansour et al.
Application Number	To be assigned
Filing Date:	Herewith
Examiner Name:	Unknown
Group/Art Unit:	Unknown

TOTAL AMOUNT OF PAYMENT:	\$ 710.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 07-1895 Deposit Account Name: GRAY CARY WARE & FREIDENRICH</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>